



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3220

|                             |                                       |              |                        |                                      |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10/603,507 | FILING DATE<br>06/25/2003<br><br>RULE | CLASS<br>424 | GROUP ART UNIT<br>1646 | ATTORNEY DOCKET NO.<br>53663-5017-01 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

APPLICANTS

Boris Skurkovich, Pawtucket, RI;  
 Simon Skurkovich, Rockville, MD;

*ZM 10/26/05*

\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CON of 10/422,119 04/24/2003  
 which claims benefit of 60/411,925 09/18/2002

*ZM 10/26/05*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 NONE

*ZM 10/26/05*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 09/09/2003

\*\* SMALL ENTITY \*\*

|   |                        |                        |                      |                            |
|---|------------------------|------------------------|----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY<br>RI | SHEETS<br>DRAWING<br>1 | TOTAL<br>CLAIMS<br>5 | INDEPENDENT<br>CLAIMS<br>1 |
|---|------------------------|------------------------|----------------------|----------------------------|

35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged  
 Examiner's Signature *Zach Howard* Initials *ZM*

ADDRESS  
 028977  
 MORGAN, LEWIS & BOCKIUS LLP  
 1701 MARKET STREET  
 PHILADELPHIA, PA  
 19103-2921

TITLE  
 Treatment of schizophrenia

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>440 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-----------------------------------|---|---|